

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

37455

State File No. ....

FILED NOV 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>501</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (In this place) <b>48 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		<b>0495</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2119 Joplin Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Melvin</b>		a. (First) <b>A.</b>		c. (Last) <b>McGINTY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 3, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 10, 1901</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>		11. BIRTHPLACE (State or foreign country) <b>Webb City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James W. McGinty</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Lyons</b>		14. NAME OF HUSBAND OR WIFE <b>Alma McGinty</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alma McGinty 2119 Joplin St. Joplin, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> <b>caused by atherosclerosis</b> <b>Hypertension</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>2 Mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-28</u> , 19 <u>50</u> , to <u>11-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>50</u> , and that death occurred at <u>6:10A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Crawford, M.D.</b>				23b. ADDRESS <b>Joplin, Mo</b>		23c. DATE SIGNED <b>11/8/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carterville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-9-50</b>		REGISTRAR'S SIGNATURE <b>James McGinty</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mort. Joplin, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

RECEIVED 11-14-50  
Jasper County Health Office

County File Number 50-11-817  
Date Filed 11-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed William E. Seidman

Licensed Embalmer No. 4770

P. O. Address Keplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.